State Water Resources Control Board
Division of Drinking Water

April 2, 2019

System No. 1000407

Darryl Cox, Owner
George Cox Water System
9814 Zumwalt Avenue
Reedley, CA 93654

CITATION NO. 03-23-19C-045
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
FOR FEBRUARY AND MARCH 2019

Enclosed is Citation No. 03-23-19C-045 (hereinafter "Citation"), issued to the Geroge Cox Water System (hereinafter "Water System"), public water system. Please note that there are legally enforceable deadlines associated with this Citation.

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Water Board"), hourly rate for the time spent on issuing this Citation. California Health and Safety Code, (hereinafter "CHSC"), Section 116577, provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the State Water Board has spent approximately one hour on enforcement activities associated with this violation.

The Water System will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued under authority delegated to an officer or employee of the state board under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4), may file a petition with the State Water Board for reconsideration of the citation, order or decision.

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the officer or employee of the state board. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Caitlin Juarez of my staff at 559-447-3300.

Sincerely,

José A. Robledo, P.E.
Senior Water Resource Control Engineer
Fresno District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

JAR/va

Enclosures

Certified Mail No. 7014 3490 0001 7868 9412

Citation No. 03-23-19C-045

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

Name of Public Water System: George Cox Water System

Water System No: 1000407

Attention: Darryl Cox, Owner
9814 Zumwalt Avenue
Reedley, CA 93654

Issued: April 2, 2019

CITATION FOR NONCOMPLIANCE WITH
CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555(a)(1) AND
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
FEBRUARY AND MARCH 2019

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Water Board"), to issue a citation to a public water system when the State Water Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part

12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

The State Water Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division, hereby issues Citation No. 03-23-19C-045 (hereinafter "Citation"), pursuant to Section 116650 of the CHSC to the George Cox Water System (hereinafter "Water System"), for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

Applicable statutes and regulations can be found at:
https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Lawbook.html

STATEMENT OF FACTS

The Water System is classified as a community public water system with an approximate population of 40, serving 20 connections. The Water System operates under Domestic Water Supply Permit No. 03-12-08P-037 issued by the State Water Board on August 6, 2008.

CHSC, Section 116555(a)(1) requires all public water systems to comply with primary drinking water standards as defined in CHSC, Section 116275(c). Primary drinking water standards include maximum levels of contaminants and the monitoring and reporting requirements as specified in regulations adopted by the State Water Board that pertain to maximum contaminant levels.

CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level (hereinafter "MCL"), states that a public water system is in violation of the total

coliform MCL if it collects fewer than 40 bacteriological samples per month and if more than one sample collected during any month is total coliform-positive.

The Division received laboratory results for one bacteriological sample, collected on February 7, 2019 from the distribution system of the Water System. The sample was analyzed for the presence of total coliform bacteria. The total coliform positive sample showed no presence of *Escherichia coli (E. coli)* bacteria. The repeat sample set consisted of a two (2) source samples and three (3) distribution samples. Four (4) of those samples tested positive for total coliform bacteria on February 11, 2019. Additionally, five routine distribution samples were collected on March 5, 2019. Four (4) of the distribution samples that were collected on March 5, 2019 tested positive for total coliform bacteria. On March 18, 2019, two (2) source samples were collected from the East well and were negative for total coliform.

DETERMINATION

The Water System took fewer than 40 bacteriological samples during February and March 2019. In February 2019, four (4) distribution samples, the East well, and West well were sampled for total coliform. The four (4) distribution samples and East well were tested positive for total coliform and negative for E. Coli. In March 2019, five (5) distribution routine samples and two source samples from the East well were collected. Four (4) out of five (5) distribution samples were positive for total coliform and negative for E. Coli. Therefore, the State Water Board has determined that the Water System has failed to comply with drinking water standards pursuant to CHSC, Section 116555(a)(1) and CCR, Title 22, Section 64426.1 during February and March 2019. Public Notification and a Level 1 Assessment are required.

DIRECTIVES

The Water System is hereby directed to take the following actions:

1. By **April 22, 2019**, The George Cox water system shall provide public notification of February and March 2019 coliform contamination by posting the notice provided as Attachment A in conspicuous locations throughout the area served by the water system.

   By **May 1, 2019,** the Water System shall provide proof of public notification of the total coliform MCL violation for February and March 2019 by completing Attachment B and returning it via email to:

   dwpdist23@waterboards.ca.gov

2. By **April 10, 2019**, the Water System shall collect four samples from the distribution system and one sample directly from the well and have them analyzed for total coliform bacteria.

3. By **May 1, 2019**, the Water System shall complete and submit the enclosed "Level 1 Assessment" form to the Division that describes the incident, the results of an investigation and all corrective actions taken. The appropriate template is provided as Attachment C.

4. Pursuant to Section 64423, the Water System shall maintain a bacteriological monitoring program as required by Title 22, CCR Section 64423 and as outlined in Attachment D, "Bacteriological Monitoring Requirements for Small Water Systems".

All submittals required by this Citation shall be electronically submitted to the State Water Board at the following address. The subject line for all electronic submittals corresponding to this Citation shall include the following information: Water System name and number, citation number and title of the document being submitted.

dwpdist23@waterboards.ca.gov

The State Water Board reserves the right to make modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance. Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

This Citation shall apply to and be binding upon the Water System, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Water Board to: issue a citation or order with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Water Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Water Board, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with

an order of the State Water Board. The State Water Board does not waive any further enforcement action by issuance of this Citation.

4/3/19

José A. Robledo, P.E. Date
Senior Water Resource Control Engineer
Fresno District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

Attachments [4]

A. Public Notice
B. Proof of Public Notification – Compliance Certification
C. Level 1 Assessment form
D. Bacteriological Monitoring Requirements for Small Water Systems

Certified Mail No. 7014 3490 0001 7868 9412

ATTACHMENT A NOTIFICATION TEMPLATE

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene informacion muy importante sobre su agua potable.
Por favor hable con alguien que lo pueda tradúcir.

GEORGE COX WATER SYSTEM Had Levels of Coliform Bacteria

Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 6 samples to test for the presence of coliform bacteria during February 2019. Five of those samples showed the presence of total coliform bacteria. We also took 7 samples to test for the presence of coliform bacteria during March 2019. Four of those samples showed presence of total coliform bacteria. The standard is that no more than 5% of the total number of samples collected per month may test positive for coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- If you have health issues concerning the consumption of this water, you may wish to consult your doctor.

What was done?

In instances like this, federal law requires that we conduct a Level 1 Assessment of our water system immediately after learning of the violation to determine the source of contamination. We are required to report to the State Water Board within 30 days of triggering the assessment the actions we took to correct the deficiencies found and a

schedule for correcting other deficiencies not corrected within 30 days. The assessment will be completed by May 1, 2019. All deficiencies identified in the assessment will be corrected by May 1, 2019.

What happened? What is being done? _____

_____

[Describe corrective action]_____

_____

We anticipate resolving the problem within [estimated time frame]

_____

For more information, please contact:

[Name of Contact] _____

[Phone Number] or _____

[Mailing Address] _____

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by George Cox Water System in compliance with the California Domestic Water Quality and Monitoring Regulations as a means of keeping the public informed.

State Water System ID: 1000407. Date distributed: [Distribution Date]

Attachment B. COMPLIANCE CERTIFICATION

Citation Number: 03-23-19C-045

Name of Water System: George Cox Water System

System Number: 1000407

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological monitoring violation of California Code of Regulations, Title 22, Section 64426.1, for the compliance period of February and March 2019 and the required actions listed below were completed.

Required Action	Date Completed
(Citation Directive 2) Public Notification Method(s) Used: _____	
(Citation Directive 4) Complete and Submit Positive Total Coliform Investigation	

_____ _____

Signature of Water System Representative Date

Attach a copy of the public notice distributed to the water system's customers.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD, DIVISION OF DRINKING WATER, NO LATER THAN May 1, 2019

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars ($5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than $25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

APPENDIX C POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in providing the information required by California Code of Regulations, Title 22, Section 64426(b). Its use is not required, and the contents may be modified. An electronic copy is available at:
http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/Lawbook.shtml

ADMINISTRATIVE INFORMATION

Entity Name: PWSID NUMBER: System Type:	Name	System Address & Email	Telephone Number
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often are raw water total coliform (TC) samples taken and analyzed?					
k. Provide the date and result of the last TC test at this location					
2. Inspect and review records for surface water source (if applicable)					
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment was there any equipment failure?					
a. Did the distribution system maintain chlorine residual?					
b. Was emergency chlorination initiated? If yes, for how long?					
c. Did the distribution system lose chlorine residual?					
2. If you **do not** provide routine chlorination, was emergency chlorination initiated? If Yes, when?					
3. Inspect each point where disinfectant is added and report					

APPENDIX C POSITIVE TOTAL COLIFORM INVESTIGATION

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
a. Is the disinfectant feed pump feeding disinfectant?					
b. What is the feed rate of disinfectant in ml/minute?					
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)					
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
g. What is the **total** chlorine residual measured immediately downstream from the point of application?					
h. What is the **free** chlorine residual measured immediately downstream from the point of application?					
i. What is the contact time in minutes from the point of disinfectant application to the first customer?					

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?				
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?				

APPENDIX C POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried?					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
9. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross-connection control program?	
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

APPENDIX C POSITIVE TOTAL COLIFORM INVESTIGATION

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION THAT MAY BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the State Board
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM THE PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPENDIX ARE TRUE, ACCURATE AND COMPLETE.

NAME:_____ **TITLE:**_____ **DATE:** _____

ATTACHMENT D.
BACTERIOLOGICAL MONITORING REQUIREMENTS
For Small Water Systems

Minimum Monitoring Frequency

Community Water System	1 per month
Nontransient Noncommunity	1 per month
Transient Noncommunity (groundwater)	1 per quarter
Transient Noncommunity (surface water)	1 per month

Increased monitoring frequency may be required if there is more than one pressure zone in the distribution system, if there are multiple sources or storage reservoirs, or if the daily population served is greater than 1,000. If your system is providing continuous chlorination ...nt, closely review Item 6 below.

...nd Repeat Sampling

...samples should be collected from the distribution system (not from the well) at ...cified in an approved Bacteriological Sample Siting Plan. If such a plan has not ... for your water system, contact the Division for assistance.

...ring After a Coliform-Positive Sample

...Coliform-Positive Sample - The water system shall require the laboratory ...n within 24 hours if any sample is coliform-positive. The water system ... sample set within 24 hours of notification of the coliform-positive sample. **...l coliform- or *E. coli*-positive, the water system should contact the ...:**

...systems collecting only one sample per month or quarter, a repeat ...f at least four (4) samples as follows: one (1) from the routine sample ...ccurred, one (1) from the upstream repeat sample site, one (1) from ...ple site and one (1) from each active source.

...mple set shall consist of ... the positive ...eat

...gical ...roval

...t of the ... will not ...ds.

...ystem for ...nore total ...samples the ...ve different ...nan five sites ...r system may